ype a plus sign (+) insid	de this be [+]										
<u> </u>			A	Attorney Docket	ANDPAT/200/PC/US						
0010/PTO Rev. 6/95	U.S. Department of C Patent and Trademar		Firs	t Named Inventor	Ingemar RYDELL et al						
				COMPLETE	IF KNOWN						
DEC	LARATION		Application	Application Number							
Declaration Submitted	□ Declaration		Filing Date	9							
with Initial Filing	after Initial		Group Art	Unit							
			Examiner	Name							
As an above named inventors My residence, post office ac			below next to r	ny name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
A METHOD AND A DEVICE FOR DRYING OR HEAT TREATMENT OF A WEB-FORMED MATERIAL											
(Title of the Invention) the specification of which											
is attached hereto											
Was filed on (MM/DD/YYYY) as United States Application or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have re	eviewed and understoo	d the conten	ts of the above	-identified specification, in	cluding the claims, as amended by						
any amendment specifically referred to above.											
I hereby claim foreign prio	rity under Title 35, Un 65 (a) of any PCT inter have also identified bel	ited States (national appli ow, by check	Code § 119 (a) ication which do king the box, and	H(d) or § 365 (b) of any esignated at least one cou my foreign application for p	es of Federal Regulations, §1.56. foreign application(s) for patent or ntry other than the United States of patent or inventor's certificate, or of med.						
Prior Foreign Application Numbers	Country		Filing Date D/YYYY)	Priority Not Claimed	Copy Attached Yes No						
0203803-2	Sweden		0/2002								
Additional foreign appli	Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:										
I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:											
Application Number(s)	Filing Date (MM/DD/Y)			1	I						
NONE	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.										

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DECLARA														Page 2
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.														
	nt Application mber	' PUI Parent Number				Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)				
.,,		PCT/EP2003/014316			16	12/16/2003								
Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:											:			
As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:														
Firm	Name:	Name: Alix, Yale & Ristas, LLP Customer Number: 002543												
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of So	le or First Inve	ntor					A petition	n ha	s been file	ed for this	s unsig	ned inve	entor	
Given Name	Ingema	Ingemar M			Family Name		F	RYDELL			Suffix			
Inventor's Signature Date														
RESIDENC City	CE: Växjö		State					try	Sweden		Citizenship			Sweden
POST OFFICE ADDRESS Startvägen 28														
City	Växjö	State			Zip	SE	-352 51	(Country	ntry Sweden Applicant Authority				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor														
Given Name	Ake	Ake M Ir			Family Name		RII	NGQVIST		Suf	fix			
Inventor's Signature		Date												
RESIDENC City	I KAIVSVIK I		State	State		Country		Sweden		Citizenship			Sweden	
POST OFFICE ADDRESS	s	Sunnerö												
City	Kalvsvik	ik State Zip			s	SE-355 96	E-355 96 Country Swe			den Applicant Authority				
Additional inventors are being named on supplemental sheet(s) attached hereto.														

ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet A petition has been filed for Name of Additional Joint Inventor. nsigned inventor **Family** Given Middle Heikki SALO Suffix Name Initial Name Inventor's Date Signature RESIDENCE: Sweden Citizenship Sweden Växjö State Country City **POST** Birkagatan 10 **OFFICE ADDRESS** Applicant S-352 40 Sweden Zip Country City Växjö State Authority Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Middle Family Given Suffix Initial Name Name Inventor's Date Signature RESIDENCE: Country Citizenship State City **POST OFFICE ADDRESS** Applicant State Zip Country City Authority A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Middle Family Suffix Initial Name Name Inventor's Date Signature RESIDENCE: Citizenship State Country City **POST OFFICE ADDRESS** Applicant Zip Country City State Authority A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Middle Family Given Suffix Initial Name Name Inventor's Date Signature RESIDENCE: Citizenship Country State City **POST** OFFICE **ADDRESS Applicant** City State Zip Country Authority Additional inventors are being named on supplemental sheet(s) attached hereto

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